

Provider Orientation & Update Session - Registration Form

November 1, 2007 – 8:30 a.m. – 4:00 p.m.



Holiday Inn on the Bay
1355 N. Harbor Dr., San Diego, CA 92101
(619) 232-3861

Please Complete and FAX to 916-650-0468

If you are attending for more than one provider number, you must complete a separate registration form for each. If your information is not current with the Medi-Cal Provider Master File, you must notify Medi-Cal Provider Enrollment Branch immediately. For more information, go to www.Medi-Cal.ca.gov

NOTE: If you indicate on Line 5 below that you are requesting a *Certificate of Attendance*, please note that individual and group providers wishing to enroll in Family PACT must send a physician-owner to this session. Clinics wishing to enroll must send the medical director or practitioner responsible for oversight of medical services rendered in connection with the Medi-Cal provider number. Other staff are welcome to attend but will not be issued a *Certificate of Attendance*.

- Legal Business Name:** Indicate the legal name of the business as listed on file with Medi-Cal.
- Medi-Cal Provider Number:** Indicate the Medi-Cal number for the business represented today (Medi-Cal billing number).
- Medical License Number:** Indicate the clinician license number for the purpose of processing continuing education credit.
- Service Site Information (Address, Phone Number & Contact Information):** Indicate the address where Family PACT services will be rendered as listed on file with Medi-Cal. Please include city, state, zip and county. Indicate the phone number for the service site and provide a contact phone number if different. Indicate a FAX number for confirmation of registration.
- Request for *Certificate of Attendance*:** If requesting a certificate, check "yes" and refer to instructions for Item #6.
- Person(s) Attending:** List all participants attending this session and their title, starting with practitioner authorized to receive certificate. If not requesting a certificate, write "N/A" on first line. Then list all other participants. Use a second page for additional names. All participants are encouraged to attend the morning session which provides comprehensive information about the Family PACT Program. However, existing providers that do not want a *Certificate of Attendance* for application purposes may attend the afternoon Update or any session of their choice. Select the session(s) each participant will attend. See * below. **A separate Continuing Education form will be provided at Session II to those requesting credit.**

PLEASE PRINT CLEARLY

1. Legal Business Name (as listed on file with Medi-Cal):			
2. Medi-Cal Provider Number (Medi-Cal billing number):			
3. Medical License Number:		Contact Name:	
4. Service Site Information (as listed on file with Medi-Cal):		Contact Phone:	
		Service Site Phone:	
Service site address number and street name			
City :	State:	Zip:	Fax Number:
County:			Email:

5. **Requesting Certificate of Attendance? (Mark with an "X")** YES ☐ NO ☐ (If 'NO,' write N/A on Line #1 below)

6. Names of Person(s) Attending:	Title: (MD, NP, Office Manger, etc.)	* Sess. I Update Sess. II Sess. III			
		8:30-12:30	1:30-2:00	2:00-4:00	2:00-4:00
1) _____ (Practitioner authorized to receive Certificate of Attendance)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Morning Session I – Family PACT Program Overview. Clinician provider in attendance to enroll in Family PACT must attend this session. Other staff new to the program or in need of an update are also encouraged to attend.

* OFP Update-*What's New In Family PACT*. Programmatic updates for existing Family PACT providers and staff such as a waiver update, legislative/policy update, new benefit review, new developments in family planning or STDs, or other topics as determined by OFP.

* Afternoon Session II – *Clinical Practice Alerts*. Detailed presentation of selected Family PACT clinical issues. Clinician provider in attendance to enroll in Family PACT must attend this session. All other interested clinical staff may also attend. Free Continuing education credits available.

* Afternoon Session III – *Billing and Coding Basics*. Provides basic information regarding documenting services, common billing errors and tips to avoid errors. Administrators, billers or other interested staff may attend.

Certificate of Attendance #: _____

Date Issued: _____

(Rev. 3/28/2007)